

11-24-08

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PTENT & TRADEMARK OFFICE

TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

Application Number

10/820,074

Filing Date

April 7, 2004

First Named Inventor

Charles L. Gray, Jr.

Art Unit

3746

Examiner Name

Patrick Hamo

Attorney Docket No.

310121.418

ENCLOSURES (check all that apply)

☒ Fee Transmittal Form

☒ Fee Attached

☒ Amendment/Response

☒ After Final

☐ Affidavits/declaration(s)

☐ Extension of Time Request

☐ Express Abandonment Request

☒ Information Disclosure Statement and Transmittal

☐ Cited References

☐ Certified Copy of Priority Document(s)

☐ Response to Missing Parts under 37 CFR 1.52 or 1.53

☐ Response to Missing Parts/Incomplete Application

☐ Drawing(s)

☐ Request for Corrected Filing Receipt

☐ Licensing-related Papers

☐ Petition

☐ Petition to Convert to a Provisional Application

☐ Power of Attorney, Revocation, Change of Correspondence Address

☐ Declaration

☐ Statement under 37 CFR 3.73(b)

☐ Terminal Disclaimer

☐ Request for Refund

☐ CD, Number of CD(s)

☐ Landscape Table on CD

☐ After Allowance Communication to TC

☐ Appeal Communication to Board of Appeals and Interferences

☐ Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)

☐ Proprietary Information

☐ Status Letter

☒ Return Receipt Postcard

☐ Other Enclosure(s) (please identify below):

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

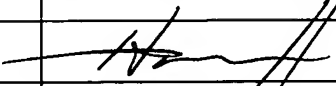
Firm Name

Seed Intellectual Property Law Group PLLC

Customer Number

34212

Signature



Printed Name

Harold H. Bennett II

Date

November 20, 2008

Reg. No.

52,404

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

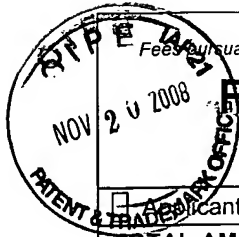
Signature

Typed or printed name

Date:

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

1281221_1.DOC



Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL **For FY 2009**

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) **180**
Complete if Known

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Art Unit	3746
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METHOD OF PAYMENT (check all that apply)

- ☒ Check ☐ Credit Card ☐ Money Order ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 19-1090 Deposit Account Name: Seed IP Law Group PLLC
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**
☐ Charge any additional fee(s) or underpayments ☒ Charge any underpayments or credit any overpayments
 of fee(s) under 37 CFR 1.16 and 1.17

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION
1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	<u>Small Entity</u>	Fee (\$)	<u>Small Entity</u>	Fee (\$)	<u>Small Entity</u>	
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Provisional	220	110	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	<u>Small Entity</u>
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
<u>15</u>	-20 or HP = <u>0</u>	X	_____	Fee (\$)	Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.					

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
<u>4</u>	-3 or HP = <u>0</u>	X	_____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ -100 =	_____ /50 =	_____ (round up to a whole number)	x	_____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

IDS Fee

180

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	52,404	Telephone	206-622-4900
Name (Print/Type)	Harold H. Bennett II	Date	November 20, 2008		